

FAX REQUEST FOR A WISCONSIN BIRTH CERTIFICATE

Personally identifying information requested on this form, including credit card information, will be used to process your request and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

PENALTIES: Any person who willfully and knowingly makes false application for a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wisconsin Statutes.]

INSTRUCTIONS: Please complete this form and fax to **(608) 255-2035**. ALL FAX REQUESTS WILL BE CHARGED AN EXPEDITED SERVICE FEE.

SECTION I - SHIP TO (YOU MUST COMPLETE THIS SECTION FOR REQUEST TO BE PROCESSED.)

1. Name		2. Daytime Telephone No.	
3. Street Address or P.O. Box (You must provide a street address if you are requesting a Federal Express return.)			Apt. No.
4. City	5. State	6. Zip Code	

SECTION II - APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE BIRTH CERTIFICATE

Check one.

- ☐ This is **my** birth certificate.
☐ I am a **parent** of the person named on the birth certificate.
☐ I am the **legal custodian or guardian** of the person named on the birth certificate.
☐ I am a **member of the immediate family** of the person named on the birth certificate. (Only those listed below qualify as immediate family.)

Check one: ☐ Spouse ☐ Child ☐ Brother ☐ Sister ☐ Grandparent

☐ None of the above. I am requesting an uncertified copy of the birth certificate. (Copy will not be valid for identification purposes.)

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance with the categories listed above.

SIGNATURE - Applicant

Date Signed

SECTION III - FEES FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. Mandatory fees are already filled in. Please fill in additional fees for extra copies or Federal Express delivery, if applicable.

1. Search Fee (includes one copy of the birth certificate, if found)	\$ 12.00	12.00
2. Additional Copies of the Certificate (issued at the same time as the first)	X \$ 3.00	
No. of Copies		
3. Expedited Service Fee	\$ 10.00	10.00
4. Credit Card Processing Fee	\$ 6.00	6.00
5. Shipping <input type="checkbox"/> Regular Mail - No additional cost; mailed within 5 business days.	\$ 0.00	
<input type="checkbox"/> Federal Express - \$17.50 in the continental U.S.; shipped within 2 business days.	\$ 17.50	

NOTE: If no box is checked, the copy will be sent by regular mail.

TOTAL _____

SECTION IV - CREDIT CARD INFORMATION We accept Visa, MasterCard, American Express or Discover.

Credit Card Number _____ Expiration Date _____

SIGNATURE - Credit Card Holder _____ Date Signed _____

SECTION V - BIRTH CERTIFICATE INFORMATION

Birth Name (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Month / Day / Year)	Place of Birth - City	Place of Birth - County
Mother's MAIDEN Name (First, Middle, Last)		

Father's Name (First, Middle, Last)

OFFICE USE ONLY

Certificate No. _____ File Date _____ Mother's Res. Co. _____